

PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032 O

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UTILITY PATENT APPLICATION **TRANSMITTAL**

Please type a plus sign (+) inside this box ——

15-NM-5906 Attorney Docket No. Bo Pettersson First Inventor SYSTEM FOR CORRELATION OF MR IMAGES WITH PHYSIOLOGICAL DATA Express Mail Label No. ET374214899US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application		
See MPEP chapter 600 concerning utility patent application contents.		Washington, DC 20231		
1. [A] (Submit an original and a	orm (e.g., PTO/SB/17) duplicate for fee processing)	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. Applicant claims s See 37 CFR 1.27.		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. Specification (preferred arrangement)		a. Computer Readable Form (CRF)		
	e to Related Applications	b. Specification Sequence Listing on:		
	arding Fed sponsored R & D equence listing, a table,	i. CD-ROM or CD-R (2 copies); or		
or a computer p - Background of	rogram listing appendix	i i.		
- Brief Summary	of the Invention	ACCOMPANYING APPLICATION PARTS		
- Bner Descriptio - Detailed Descri	n of the Drawings (if filed) ption	Assignment Papers (cover sheet & document(s))		
- Claim(s) - Abstract of the	Disclosure	10. 37 CFR 3.73(b) Statement (when there is an assignee) X Power of Attorney		
4. X Drawing(s) (35 U	I.S.C. 113) [Total Sheets 4]	11. English Translation Document (if applicable)		
5. Oath or Declaration	[Total Pages 2]	12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449		
a. X Newly execu	uted (original or copy) prior application (37 CFR 1.63 (d))	13. Preliminary Amendment		
b. Copy from a	tion/divisional with Box 18 completed)	14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
	ION OF INVENTOR(S) Itement attached deleting inventor(s)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)		
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35		
		or its equivalent.		
6. Application Data	Sheet. See 37 CFR 1.76	17. Other:		
18. If a CONTINUING APPLI or in an Application Data She	CATION, check appropriate box, and supply	the requisite information below and in a preliminary amendment,		
Continuation	Divisional Continuation-In-part (CIP)	of prior application No.:/		
Prior application information:	Exeminer	Group Art Unit:		
Box 5b, is considered a part of	f the disclosure of the accompanying continuati	orior application, from which an oath or declaration is supplied under on or divisional application and is hereby incorporated by reference. It with the submitted application parts.		
The moorportation gain camp	19. CORRESPONDEN			
X Customer Number or Ber Co	ode Label	or Correspondence address below		
Name		and handly de from Francis		
Address	26946			
City	PATENT TRADEMARK OFFICES	State Zip Code		
Country	Telepi	hone Fax		
Name (Print/Type)	Joseph S. Heino, Esq.	Registration No. (Attorney/Agent) 31,524		
Signature	Don't S. Hr	Date 04/23/2001		
Burden Hour Statement: This farm	is estimated to take 0.2 hours to complete. Hime want to complete this form should be sent to the Ch	will vary depending upon the needs of the individual case. Any comments o		

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PTO/SB/17 (11-00)
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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

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Complete if Known			
Application Number			
Filing Date	4/23/2001		
First Named Inventor	Bo Pettersson		
Examiner Name			
Group Art Unit			
Attorney Docket No.	15-NM-5906		

METHOD OF PAYMENT	FEE CALCULATION (continued)				
1. X The Commissioner is hereby authorized to charge indicated fees and credit any event when the	3. ADDITIONAL FEES				
indicated fees and credit any overpayments to: Deposit	Large Small				
Account Number 070845	Entity Entity Fee Fee Fee Fee Fee Pescription	Fee Paid			
Deposit	Code (\$) Code (\$)				
Account Name General Electric Medical	105 130 205 65 Surcharge - late filing fee or oath				
Charge Any Additional Fee Required Systems Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet				
Applicant claims small entity status.	139 130 139 130 Non-English specification				
See 37 CFR 1.27	147 2,520 147 2,520 For filing a request for ex parte reexamination				
Payment Enclosed: Check Credit card Money Order Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action				
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action				
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month				
Large Entity Small Entity	116 390 216 195 Extension for reply within second month				
Fee Fee Fee Fee Description	117 890 217 445 Extension for reply within third month				
404 740 004 255 1HSSh 4SSh 4SS	118 1,390 218 695 Extension for reply within fourth month				
101 710 201 355 Offility filling fee 710	128 1,890 228 945 Extension for reply within fifth month				
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal				
108 710 208 355 Reissue filing fee	120 310 220 155 Filling a brief in support of an appeal				
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing				
	138 1,510 138 1,510 Petition to institute a public use proceeding				
SUBTOTAL (1) (\$) 710	140 110 240 55 Petition to revive - unavoidable				
2. EXTRA CLAIM FEES	141 1,240 241 620 Petition to revive - unintentional				
Fee from Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)				
Total Claims20** = X =	143 440 243 220 Design issue fee				
Independent - 3** = X =	144 600 244 300 Plant issue fee				
Multiple Dependent	122 130 122 130 Petitions to the Commissioner				
	123 130 123 130 Petitions related to provisional applications				
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt				
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)				
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection				
104 270 204 135 Multiple dependent claim, if not paid	(37 ČFR § 1.129(a))				
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))				
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)				
and over original patent	169 900 169 900 Request for expedited examination of a design application				
SUBTOTAL (2)	Other fee (specify)				
or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)				

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Joseph S. Heino	Registration No. (Attorney/Agent)	31,524	Telephone	262.785.9000
Signature	Donal S. H		3	Date	

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In re Application of:

Bo Pettersson/Robert H. Haworth

For: SYSTEM FOR CORRELATION OF MR IMAGES WITH PHYSIOLOGICAL DATA

EXPRESS MAIL CERTIFICATE

"Express Mail" label number: ET374214899US

Date of Deposit: April 23, 2001

I hereby certify that the attached Utility Patent Application Transmittal (1 page), Fee Transmittal Form (1 page), Application for United States Patent (17 pages), drawings (4 pages), and Combined Declaration and Power of Attorney (2 pages), is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Box PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231-0001.

Barbara M. Majewski